

The doctor's office: Poor design may cost you patients

Jacqueline Swartz

Vinyl chairs, metal tables and cold, impersonal waiting rooms might have been the norm in medical offices a decade ago, but now, with increasing competition for patients in large urban areas and a growing public awareness of design, waiting rooms are taking on a new look.

"There's a new emphasis on an attractive, inviting environment that conveys the message of comfort and wellness, rather than sterility and illness", says Jan Suitso, an interior designer. Her company, JES Design, specializes in medical offices.

Design, says Suitso, is more than office aesthetics: It is based on space planning. She adds that the most common mistake physicians make in planning their offices is failing to look at the long-term picture: "It's understandable [because] the cost of space is high. But it's important to project where your practice will be 5 years down the line." The addition of a partner, for instance, may mean another examining room is needed.

According to Patricia Milne, director of the CMA Centre for Practice Productivity, physicians just starting out find it necessary to attract patients in a way that their more established colleagues do not. Often, a pleasant and friendly office environment makes the difference when phy-

sicians are trying to attract and keep patients and staff.

"A major complaint is lack of personal contact", says Milne. "Patients want to feel they are people, not numbers." Computers in full view at the reception desk, for instance, can become a barrier.

Another mistake in office layout is a central-hall plan that requires long walks from the reception area to the examining rooms, and impedes communication between doctor and nurse. "A cluster plan gives the nurse easy visual access", Milne explains. "She knows where the doctor is and who is coming in and out. The doctor can signal when he's through examining a patient instead of shouting down the hall." A central hallway,

which has all traffic moving in the same direction, may also create a bottleneck at busy times.

Design affects patients the moment they enter the office. Traditionally, the waiting room has made the patient feel cut off from the rest of the office. Suitso recommends an open-space plan that uses glass and French doors to give the impression of openness, yet ensures that sensitive conversations cannot be overheard. Because people in waiting areas are reluctant to sit close to each other, chairs with arms are preferable.

Can design reduce that major patient complaint, long waits? If scheduling is disorganized even the most efficiently planned space will be ineffective. Because patients who are kept



Jacqueline Swartz is a freelance writer living in Toronto.

"Friendly" offices can help MDs attract and keep patients

waiting often become angry, notes Milne, a doctor who feels guilty may also feel compelled to spend more time with them, increasing the wait for others.

An additional examining room can shorten a patient's time in the waiting area. However, Suitso points out that it's often less expensive to have a larger waiting area and a more efficient solution might be to have a nurses' station where simple procedures — allergy shots are one example — can be performed.

Colours and textures play an important role in creating atmosphere. Soft tones of peach and sea green are soothing. Cathedral ceilings, curved walls and atriums create points of interest. Skylights, adds Suitso, "give the feeling of a healthy environment, which expresses the direction of medicine towards prevention". Natural light or indirect lighting is preferable to fluorescent lighting, which makes colours appear washed out and can make even the healthy look sick. And vinyl is passé: durable nylon weaves are preferable for furniture, carpets and wallpaper.

Examining rooms look less forbidding when decorated with textured wallcoverings, posters or artwork. Soundproofing and music can be employed to provide privacy and mask noise. The aim is to minimize anxiety — keep surgical instruments out of view.

Suitso emphasizes that design can reflect the new equality in the doctor-patient relationship. During postexamination discussion the patient should be seated on a chair across from the physician, rather than on the examining table. Similarly, the doctor's desk should not be large and authoritarian.

Small touches — a telephone in the waiting area, a washroom to save patients a trip down the hall, attractive artwork and current magazines — express consideration. They say "we care".

There is no reason why medical offices shouldn't follow general design trends, says Suitso. And according to Toronto architectural consultant Zygmunt Kap-



A doctor's office shouldn't be ostentatious

so, the public is accustomed to high-grade materials like marble and granite, even in shopping centres. "This trend of upgrading materials and finishes has already happened in residential renovations, especially in kitchens and bathrooms", he says. "For years, dentists have been using attractive, high-grade materials and design. Now, doctors are following suit."

However, Suitso says physicians should avoid trendy décor that will be out of fashion quickly or reflects taste so personal that it might turn some patients off. The office should not be ostentatious or intimidating. "You shouldn't be afraid to sit on the furniture or step on the carpet", she says.

Often a doctor's spouse handles the decorating appropriately and successfully, but sometimes the result looks more like a home than a professional office. As well, the materials chosen may not be durable enough to withstand the wear and tear of office traffic. Is a professional designer the answer? Milne says few doctors hire designers, mainly because of the cost, but "those who do use them find it's worth every penny. They like the look of the office and they're glad to save time".

Suitso argues that the do-it-yourself approach is a poor use of a doctor's time — she says it is

not cost-effective for a doctor to design his office and then deal with contractors.

Costs for office space vary. In Ontario, the approximate leasehold cost for a standard suite is about \$35 to \$45 per square foot. Leasehold improvements — upgraded carpet, glass, wood, wallcoverings — are included, as well as custom cabinets and various ceiling improvements.

Basic design fees begin at \$4000 and include planning and interior-design consultation. "We show the doctor how patients will see the office when they walk in the door", Suitso says. Working drawings tell the complete story: how cabinets will be built, the style of door frames, even the hardware. There are dozens of details that must be specified, and the more precisely this is done, the better the chance that the contractor will build the office the doctor wants.

The designer's function is to present several design options and to make suggestions, not to dictate. "There's a lot of room for personal preference and the designer should be sensitive to that", says Suitso. She recognizes that most of a physician's waking hours are spent at the office. What better reason to make sure that office is attractive and efficient? ■